

1 PLACE OF DEATH
STATE OF TEXAS

COUNTY OF *Gregg*

CITY OR
PRECINCT NO. *6*

TEXAS STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

Registrar's No.

2344

No. _____ Street _____
If in an Institution, give name of Institution instead of Street and No.

Length of residence in city where death occurred yrs. _____ mos. _____ days _____? How long in U. S. if foreign born? yrs. _____ mos. _____ days _____

2 FULL NAME OF DECEASED *Betty Joyce Rainwater*

Residence: No. _____ Street _____

If non-residence give city, or town and state

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. Single Married Widowed Divorced (Write the word) *Single*

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, and year) *Jan-20-1935*

8. AGE Years _____ Months *8* Days _____ If LESS than 1 day, _____ hrs. _____ min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *✓*

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *✓*

11. Date deceased last worked at this occupation (month and year) *✓*

12. Total time (years) spent in this occupation *✓*

13. BIRTHPLACE (city or town) (State or country) *Gregg County TX*

14. NAME *O. F. Rainwater*

15. BIRTHPLACE (city or town) (State or country) *TX*

16. MAIDEN NAME *Nellie Towell*

17. BIRTHPLACE (City or town) (State or country) *MO*

18. INFORMANT *O. F. Rainwater*

(Address) *401 N. 15th St. 14th*

19. BURIAL, CREMATION, OR REMOVAL Place *Kellogg Park* Date *June 24, 1935*

20. UNDERTAKER *Honey & Turner*

(Address) *Kellogg Park*

21. FILE DATE AND SIGNATURE OF REGISTRAR

2-2 1935 W. H. Compton

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH

(month, day, and year) *Jan 28, 1935*

23. I HEREBY CERTIFY, That I attended deceased from *Jan 20, 1935* to *Jan 20, 1935*

I last saw him alive on *Jan 20, 1935*; death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows: *Chromosome Birth*

Date of onset

Other contributory causes of importance:

Name of operation *None* date of _____

What test confirmed diagnosis? *Physician* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

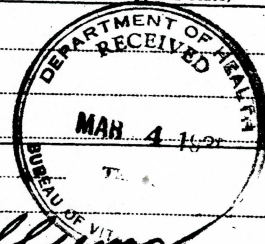
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) *Dr. J. L. Allman* M. D.

(Address) *Box 305 Kellogg Park*



#1761